

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M69205** (6)  
1. Corporation Name  
**SPALDING OFFICE SYSTEMS, INC.**

**FILED**  
95 JAN 27 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**525 FELLOWSHIP ROAD (STE 360)  
MOUNT LAUREL NJ 08054**

Mailing Address  
**525 FELLOWSHIP ROAD (STE 360)  
MOUNT LAUREL NJ 08054**

3. Date Incorporated or Qualified  
**02/16/1988**

3a. Date of Last Report  
**02/22/1994**

4. FBI Number  
**65-0045200**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title of agent. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>SCHWARTZ, KAREN</b>
STREET ADDRESS	<b>1144 LIBERTY BELL DR.</b>
CITY - ST - ZIP	<b>CHERRY HILL NJ</b>
TITLE	<b>S</b>
NAME	<b>CAMPBELL, JOHN</b>
STREET ADDRESS	<b>146 PENDRAGON WAY</b>
CITY - ST - ZIP	<b>MANTUA NJ</b>
TITLE	<b>T</b>
NAME	<b>VOLLMERS, GINYA E.</b>
STREET ADDRESS	<b>3100 S OCEAN BLVD, APT 114</b>
CITY - ST - ZIP	<b>HIGHLAND BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or corrected, with an address.

SIGNATURE: *Karen Schwartz*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/20/95 (601)274-3900